

## Providing Quality Family Planning Services

*Veronica is from a small African village and has come to the family planning clinic in a nearby town. Her sister came last year and was given an IUD. Veronica thinks she would like one also, because her sister is happy with hers. After signing in at the clinic, she is told she can expect to wait 30 minutes before seeing the nurse. While waiting, Veronica looks at the posters on the wall that explain the different types of family planning methods and the benefits of family planning. After Veronica tells the nurse that she is there for an IUD, the nurse asks her several questions to find out whether the IUD would be a good method for her and to see whether Veronica is interested in considering the other methods the clinic offers. After discussing the various methods, they both agree that the IUD would be the best method for Veronica. However, the nurse asks Veronica to come back another day for the IUD insertion because the clinic has been out of IUDs for 2 weeks. Because the regional warehouse sends the truck only every 3 months to deliver supplies, the nurse gives Veronica an appointment the next month and gives her some condoms to use in the meantime. Veronica is disappointed and feels embarrassed to ask the nurse how to use the condoms or how to ask her husband to use them. Also, the nurse seems in a hurry to see the next client. Veronica never uses the condoms and does not come back for her appointment, because she suspects the clinic will still be out of IUDs and because it is difficult for her to get away and come to the clinic.*

To help women and men have the number of children they want, family planning providers must do more than just provide information, services, and contraceptives. They must provide *good or quality* services and contraceptives to safeguard the health of their clients and ensure their satisfaction with the family planning services. Client satisfaction with services is very important; when clients are happy with the services they receive, they are more likely to continue using them and practicing family planning.

Many of the principles for improving the quality of services provided by family planning and health clinics will also apply to community health workers and to community-based distribution programs. The general guidelines presented in this chapter should be adapted for the specific program of interest. Administrators of each program or clinic must define "quality" services based on the organization's mission, the number of staff members and their skills, the technical resources available, the client population, and the social, cultural, and political environment in which it operates. Improvements, great or small, can be made at any organizational level.

Some family planning providers may find it difficult to implement some of the suggestions for providing ideal services because they are restricted by inadequate facilities or by shortages of staff, equipment, supplies, electricity, bathrooms, or even water. Whatever their circumstances, family planning providers should always provide the best care they can. Contraceptives dispensed by a provider, however, must *always* be of good quality; the health of the clients depends on it.

## PROVIDING GOOD-QUALITY SERVICES

### WHAT IS "QUALITY"?

Good-quality services have the following characteristics:

- The service providers are technically skilled and follow clinical guidelines
- The service providers treat the clients with respect and consideration
- The clients are satisfied with the services they receive

Ask the staff at the service delivery site to describe what they think quality services are and the conditions that are necessary for quality services to exist.<sup>1</sup> They will likely have ideas of how things can be improved, and if they are involved in evaluating the services, they will better understand the changes that will take place to improve the services.

The quality of services can be assessed both objectively and subjectively. To assess services objectively, begin by asking the following questions. (More detailed evaluation questions appear in Table 27:1).

- Is a full range of contraceptive methods (short-term, long-term, and permanent [female and male sterilization]) available?
- Do the service providers try to understand the clients by asking them about their background, attitudes, preferences, contraceptive history, reproductive health, and childbearing plans?
- Do clients receive full information on all contraceptive methods, including the precautions, possible side effects, and effect on sexual practice, as well as instructions for correct use?
- Do service providers let clients know what assistance they will provide with each method in terms of advice, additional supplies, handling side effects, and switching methods?
- Are the service providers technically competent?
- Do the service providers follow the clinic's guidelines for care, including infection prevention?
- Do the service providers encourage continuity of contraceptive use by making it easy for the client to obtain supplies, providing care in case of side effects, or helping them switch to another method?
- Do service providers treat clients with respect, empathy, and understanding? Do they encourage clients to ask questions? Do service providers respect the clients' privacy and preferences?
- Are the services accessible to the client (i.e., relatively easy to get to, open at convenient times, affordable, and not requiring too long a wait)?

Because family planning services must be safe, all clinical and medical standards and protocols must be met. Ideally, the clinic or other service delivery point should be fully staffed with adequately trained providers and have the equipment, materials, and supplies necessary for safe services. The medical history of individual clients should be available to the service provider.

To assess the services subjectively, begin with these questions:

- Are the clients satisfied with the services they receive and the way they are treated?
- What changes would the clients like to see in the way services are provided?
- Are the clients satisfied with the contraceptive methods they are using?

It is better to ask these questions of the clients themselves, but you can also assess a clinic's quality subjectively by looking at it through a client's eyes. For example, if you were the client, would you feel comfortable with the provider and able to ask questions? Would you receive all the information you need to make an appropriate contraceptive choice? Would you be content with the care you received at this facility?

## WHY IS QUALITY IMPORTANT?

Everyone should have the right to good-quality services—services that are safe, accessible, and meet their needs. Good-quality services are much more likely to keep clients coming back and to attract new ones. Satisfied users are an important source of information for people interested in family planning, and they contribute to a family planning program's success.<sup>4</sup> In the long run, providing good-quality services will increase contraceptive prevalence and will make the program more cost-effective.<sup>2</sup>

As the opening story illustrated, a number of factors are involved in providing good-quality services. In the story, the clinic tried to pro-

vide quality services and actually succeeded by a number of indicators: the wait was not too long, informational material was available, and the nurse was trained in family planning and followed protocol by discussing all the methods with Veronica and providing her with condoms when the method she chose was not available.

However, some elements of good care were missing or not working properly: the lack of intrauterine devices (IUDs) meant Veronica could not get the method she wanted right away; the nurse was too busy to take the time to make sure Veronica understood how to use the condoms or to encourage her and answer her questions; and the clinic did not have a follow-up process to contact Veronica about her missed appointment. Veronica, who was motivated to seek family planning services, found her needs unmet.

This clinic could raise the quality of its services by (1) improving its contraceptive ordering procedures to avoid running out of supplies, (2) stressing to service providers the importance of following guidelines and of focusing on the individual client's needs, and (3) developing a tracking system that allows the clinic to track and contact clients who miss appointments (perhaps through an outreach program).

## GUIDELINES FOR IMPROVING THE QUALITY OF SERVICES

Quality family planning services have the following features:

- Technically skilled service providers
- Good staff morale
- Clear and relevant service delivery guidelines
- Responsiveness to the clients' needs and concerns
- Accessible services
- Good records
- Encouragement of continuing contraceptive use
- Full range of reproductive health services

## TECHNICALLY SKILLED SERVICE PROVIDERS

The service provider must be technically competent to help clients use contraceptive methods safely and avoid health risks. If the quality of the services is not as good as it could be, it may be that providers are overworked and lack time to deliver services according to guidelines, or they may not be properly trained to deliver a particular service.

When selecting new service providers, make sure the provider is able to carry out the tasks required. A job description that outlines the employee's tasks and responsibilities, what her or his authority is, and what skills or qualifications are necessary to do the job is useful to both the supervisor and the employee.

Make sure the current staff are well trained and capable of delivering the services they provide. The supervisor can assess the need for staff training by comparing the staff member's skills with the skills listed in the job description and the skills necessary to follow clinic protocols. When training is necessary, provide it on-site whenever possible to ensure it is relevant to the staff members' jobs, and involve the supervisor so that she or he can follow up later. Refresher training should also be provided when necessary.

## GOOD STAFF MORALE

To help the providers do their best and to keep up morale, supervisors should guide, support, and assist the providers:

- Provide on-the-job training when necessary.
- Convene regular staff meetings to keep everyone informed of activities, policies, changes, and developments.
- Meet with staff to develop and review work plans and discuss problems.
- Provide staff with feedback (positive as well as negative) on their work performance and with continuing education opportunities.

- Listen to the staff's concerns and ideas on how services could be improved, and be aware of what the staff says it needs to provide quality services.

## CLEAR AND RELEVANT SERVICE DELIVERY GUIDELINES

Every service provider must have and follow service delivery guidelines to ensure that all clients receive medically safe, well-informed care that meets their needs. These guidelines should be part of a clearly written manual available to all health workers. The guidelines should encourage staff always to consider their client's needs and preferences, try to understand them, and then do their best to meet them.

The guidelines, which should not present medical or logistical barriers to service, should include the following:

- Directions on checking clients for appropriateness of each contraceptive method
- Specifications for inserting, injecting, or dispensing each method of contraception
- Instructions for when and how to refer cases
- Instructions for managing complications and unusual medical conditions
- Standards of hygiene and infection prevention
- Guidelines for monitoring the quality of contraceptive products (what defects to look for)

## RESPONSIVENESS TO CLIENTS' NEEDS AND CONCERNS

By informing and counseling clients, the provider helps them choose the best family planning methods. Providers must be skilled in counseling, listening to, and communicating with all clients in a non-judgmental way.

The relationship between client and provider should be one of mutual trust, which requires honesty and respect for all clients, whatever their level of education, economic status, ethnicity, religion, or sex. The provider should do the following:

- Give complete information that is accurate, unbiased, and culturally appropriate.
- Provide a full range of methods from which to choose.
- Encourage clients to ask questions and respond in a non-judgmental way.
- Use appropriate materials as teaching aids and outreach.
- Listen to clients to learn their needs, concerns, and preferences.
- Document complaints and other forms of client feedback, and address them when possible.

In addition, service delivery sites should occasionally use "customer interviews" to solicit feedback from their clients on how services could be improved.

## ACCESSIBLE SERVICES

Clinic settings not only need to offer good-quality services but also need to be accessible in distance, cost, and hours of operation. The following characteristics describe an acceptable and accessible clinic setting:

- The waiting area is large enough and has sufficient seating for all clients, is pleasant, and has informational activities or materials.
- Service is prompt.
- Rooms and equipment are clean and organized.
- The clients have privacy for counseling and examination.
- Ventilation is adequate.
- Toilet facilities with water are available.
- Signs and directions clearly indicate how to get to the clinic and find one's way once there.



- The clinic's location is known and convenient to the client.
- Clinic hours are convenient for clients and are well posted.

If family planning services are provided in a location where other health services (such as obstetric or pediatric care) are provided separately, each of the services should cooperate in letting clients know of all the other services.

## GOOD RECORDS

Three kinds of data need to be collected at each service delivery point for the clinic to provide high-quality services.

### *Client medical record*

Collect information on the client's health status to determine that a certain method might not be suitable and to help the client make an informed decision when she or he is choosing a contraceptive method. The medical record containing this information needs to be available for charting every time the client returns to the clinic.

### *Service statistics*

Collect information on all the services the program provides so that both the clinic and the upper management of the family planning program can monitor the clinic's performance and identify and resolve any problems.

### *Contraceptive supply information*

Collect information at the service delivery level on contraceptive supplies, both what is in stock and what is being dispensed, and promptly report this information. Doing so will help ensure that adequate supplies are always on hand and that accurate forecasts can be made of future need. (For more information, see Chapter 26 on Effectively Managing Your Family Planning Program.)

Collecting all of this information is just the first step; the information must be used. Review the client's medical record at each visit. Promptly report information on services provided to the next highest level of the program. Review information on supplies to make sure an adequate stock level is maintained, and report to higher program levels as required.

## ENCOURAGEMENT OF CONTINUING CONTRACEPTIVE USE

Some contraceptive methods (such as the pill, condoms, and injectables) require the client to return periodically for more supplies. These resupply visits should be as easy and brief as possible while still providing the necessary medical care (such as checking blood pressure or asking about side effects). Clients coming only for resupply should be able to get their supplies quickly without going through the usual clinic procedures, such as counseling.

Clients are more likely to continue practicing family planning when the program has a good follow-up system. Following up means contacting the clients to make sure they understand how the method works and what side effects to be aware of, answering any questions, and helping them make informed decisions about their fertility. These tasks are sometimes carried out in community-based distribution programs that regularly visit clients at home, but follow-up systems can take other forms:

- An appointment or reminder system
- Monitoring "drop outs" from the program
- A home visit outreach system

Because well-informed clients are more likely to continue practicing family planning, providers should make sure that clients know at least the following about the contraceptive method they use:

- How to use it correctly
- Its benefits
- Possible side effects
- How to get additional supplies

- What examinations are necessary for that method
- The need to have regular reproductive health exams (Papani-  
colaou smear or blood tests)

Providers should also instruct clients in switching contraceptive methods if they dislike their current method.

## FULL RANGE OF REPRODUCTIVE HEALTH SERVICES

Clients will view the program more favorably if all their family planning and reproductive health needs can be met during one visit or at one location. To meet all its clients' needs, an ideal clinic would provide:

- Gynecological care
- Diagnosis and treatment of sexually transmitted infections (STIs)
- Pap smears
- Pregnancy tests
- Laboratory tests
- Infertility diagnosis and treatment
- Prenatal care
- Pediatric services
- Sexuality counseling

Many clinics are simply too small or lack the resources to offer all these services, but comprehensiveness at one site is not necessary. Achieving greater efficiency for its clients is one goal to which every clinic can aspire; where family planning services are offered along with maternal and child health services, for example, clients may be able to take care of their family planning needs and pediatric care in one visit. Service delivery sites should provide only those services that are needed and that they can provide well. For any service that a site does not provide, the staff should be able to refer clients to a site where it is available.

## PROVIDING GOOD-QUALITY CONTRACEPTIVES

An essential part of providing good-quality care is making sure that the right contraceptives are available, affordable, and safe to use. Examining the story at the beginning of the chapter, we can say that Veronica did not receive the best quality service because she was unable to obtain the method she had chosen. For clients to receive good-quality products when they need them, a program needs to have an efficient, well-functioning supply system with the following elements:

- Storage consistent with family planning guidelines (see Chapter 26)
- Timely reporting
- Accurate forecasting of contraceptive needs
- Timely response to requests for supplies
- Monitoring of product quality

To properly and efficiently manage a contraceptive logistics system, accurate and up-to-date information is needed on the contraceptive supplies, such as the amount of contraceptives in storage, where they are stored, and at what rate they are being dispensed. Every program needs a simple, well-designed logistics management information system, whether manual or computerized, to ensure both the availability and the quality of contraceptives.

Managing contraceptive supplies requires the following cycle: *planning* for program needs, *procuring* the contraceptives, *distributing* them to service delivery points, and *dispensing* the contraceptives to the client. There are quality considerations at every stage of this cycle.

In the planning stage, select an appropriate mix of products that takes into consideration the preferences and needs of the clients, such as a progestin-only pill for lactating mothers or preferred brands of condoms for preventing human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). Accurately estimate the quantities that will be needed to avoid understocking or overstocking contraceptives. (See Chapter 26 on Effectively Managing Your Family Planning Program, for more information on forecasting contraceptive needs.)

The procurement stage, which applies only to the top (central) level of a family planning program, involves ordering contraceptives from the manufacturer. During the distribution stage, the central level of the program is responsible for checking and maintaining the quality of the contraceptive products as they are received from the manufacturer, stored in warehouses, and ordered by and transported to lower-level warehouses or service delivery points. Storing and transporting contraceptives in hot or humid environments or where ventilation is poor is always cause for concern, as these conditions can damage the quality of contraceptives. Ensuring contraceptive quality requires following sound warehouse practices (see Chapter 26) and developing a system to monitor the quality of contraceptives at each step on the way to the client. As a final check, service providers should visually check the quality of the contraceptives when they dispense them to the client.<sup>5</sup>

## GUIDELINES FOR ENSURING THE QUALITY OF CONTRACEPTIVES

- Monitor the shelf life of contraceptive products so that clients receive them well before the expiration date.
- Conduct regular visual inspections to look for damage or deterioration.
- Request laboratory testing when deterioration or poor quality is suspected.
- Document all product quality problems.
- Follow disposal guidelines if contraceptives are unfit for use.

Both during visual inspections and when contraceptives are dispensed, program staff and service providers should look for the warning signs described below. Service providers should also perform a final check as they dispense the contraceptive to the client to make sure it has not expired. Expiration or manufacture dates are generally stamped on the outside box in which contraceptives are shipped, on the inside box, and on the individual contraceptive package.

## Contraceptive shelf life and visual warning signs

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### Oral Contraceptives

**Shelf Life: Usually 5 years**

- Check to make sure the blister or foil packaging for each packet of pills is not broken, that all pills are in the packet, and that all the pills have the correct color and are not cracked. If any of these problems are present, do not give these pills to clients.
  - Check the room temperature. Oral contraceptives supplied by the U.S. Agency for International Development have a shelf life of 5 years when stored at room temperature (15 to 37° C) in dry conditions. Check the shelf life of oral contraceptives from other sources.
  - If there is any question about the hardness of a batch of oral contraceptives, push a pill through the aluminum backing. If it crumbles, do not give these pills to clients.
  - If there is any problem with one of the packets, check to see whether other packets in the box also have the problem.
  - Check to see that there is a sheet containing instructions and information on pill type and dose in each packet. If a packet is missing this information, it should be given to clients only after making sure the client is familiar with the information on the missing sheet.
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### Intrauterine Devices (IUDs)

**Shelf Life: 7 years\***

- IUDs should be kept away from heat or direct sunlight.
  - Check for any breaks in the sterile packaging. If you find any breaks or holes in the sterile seal, do not use this IUD unless it is chemically sterilized again immediately before insertion.
  - Check to make sure all the product contents are in the sterile wrapper. If anything is missing or broken, the IUD is not safe for use.
  - IMPORTANT: The copper on some IUDs sometimes gradually darkens. This is normal and happens because of oxygen in the air surrounding the IUD in the package. Darkening has not been shown to have a clinical effect. As long as the device is within its shelf life and the packaging is intact, the IUD can be used.
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### Injectables

**Shelf Life: 4 to 5 years\***

- The contents of the vials will stay effective until the expiration date if they are stored at 15° C to 30° C. Refrigerate the vials if the manufacturer specifies that this be done.
  - If the contents of the vial separate, shake the vial just before using it.
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## Contraceptive shelf life and visual warning signs (Continued)

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### Condoms

**Shelf Life: 3 to 5 years**

- Check the condom packages for discoloration, yellowing, or damage to the package seal. Any of these signs indicates that the condom's quality and thus its effectiveness may have diminished and that it cannot be used reliably.
  - Warning signs that a condom is of poor quality are hard to find. Be aware of the conditions where latex condoms are stored because these condoms will deteriorate if they are exposed for long periods to any of the following:
    - Sunlight
    - Temperatures above 40° C
    - High humidity
    - Electric motors (because they generate ozone)
    - Fluorescent light
    - Petroleum vapors or other types of liquid solvents
  - Condoms that come into contact with petroleum, mineral, or other household oils will be damaged. These oils should not be used for lubrication or in any other way in which the oil touches the latex condom.
  - The shelf life of condoms varies because the latex can be damaged by extreme environmental conditions. In hot, humid areas in Africa, closely examine the quality of condoms that are more than 2 years old.
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### Hormonal Implants

**Shelf Life: 5 years<sup>†</sup>**

- If the sterile seal enclosing the rods is broken or if any of the rods is missing, do not use this package of implants.
  - Check to make sure the implants are protected from excessive heat, direct sunlight, and moisture.
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### Diaphragms

**Shelf Life: Variable**

- Do not use diaphragms if they are cracked or have any holes, even very small ones. Check for holes by holding the diaphragm up to the light.
  - Once the diaphragm has been given to the client, the quality should be checked every 2 years and the diaphragm replaced, if necessary.
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### Spermicidal Jelly

**Shelf Life: 3 years**

- Check the jelly tube. If you find wrinkles or leaking or cannot get the applicator to screw easily onto the tube, do not give the tube to the client.
  - Check to see the package has instructions on how to use the product correctly.
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## Contraceptive shelf life and visual warning signs (Continued)

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### Spermicidal Foam

**Shelf Life: 3 years**

- Check the storage conditions to make sure the can is not exposed to intense heat or extreme fluctuations in temperature or humidity and that it is stored upright at temperatures below 50° C. Because the contents in the cans are under pressure, the cans should not be punctured or burned.
  - If you suspect the foam's quality has deteriorated because of poor storage conditions, damaged cans, aging, or complaints from clients, follow the instructions and spray some in your hand. Check the foam to make sure it is the right consistency and color and comes out of the can the way it should. Most brands come out white and foaming.
  - Check to see the package has instructions on how to use the foam correctly.
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### Foaming Tablets

**Shelf Life: 5 years**

- Feel through the packaging to see whether the tablets feel soft or crumbly or if the packaging is puffy; if any of these conditions are present, the tablets should not be dispensed.
  - If there are broken or missing tablets or tablets that have a different color, do not give this package of foaming tablets to a client.
  - Make sure the information on the boxes or packages is the same as the information printed on the tablet packaging.
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\*Follow the manufacturer's expiration date, as different products have different shelf lives.

† The Norplant implant has a shelf life of 5 years from date of manufacture, provided the sterile plastic pouch is not damaged or opened. Norplant will remain stable if stored at temperatures ranging from 20° to 50° C, but it is essential that the product be stored in a *dry* location. Once inserted, the implants have a 5-year effective use life.

Sources: Wolff et al. (1991); CDC (1993)



## VISUAL INSPECTIONS

Ideally, a visual inspection of contraceptive quality should be conducted when the following events occur:

- The central warehouse receives the product from the manufacturer.
- The regional warehouse receives the product.
- The clinic receives the product.
- You wish to conduct a periodic inventory or you are monitoring quality.
- You are investigating complaints about quality.
- The product is about to reach its expiration date or shows signs of damage.

At the clinic level, a visual inspection must also be done. You should do the following:

- Examine all the package levels (carton, box, and unit) for damage.
- Make sure that information inserts (with information for the user and the clinician on the product and its use) accompany the product.
- Check for shelf life information (date of manufacture or expiration).
- Check for tracer information (the lot number and name of manufacturer).

Contraceptives are shipped by the manufacturer in cartons. Each carton contains a number of boxes, and each box contains a number of units of that contraceptive. The amount of contraceptives produced at one time under the same conditions is known as a lot or batch. Each lot or batch has its own identity code.

To check contraceptive quality, begin by looking at the condition of the carton and the labels on the outside of the carton. If there is a problem, check inner boxes for damage and then the boxes inside of that; go all the way until you have checked the individual product. (As you check for package damage, also check products for correct labeling.)

If there is no reason to suspect problems with quality, check only a few individual products (a strip of condoms, a couple of packets of pills, etc.) for problems rather than checking a larger sample.

If there is reason to suspect the quality of the product because of any of the problems listed above or because of complaints about the product, sample more of the products. There is no simple rule for how many to sample. Use your judgment and consider taking samples from different boxes, locations, storage conditions, or different dates of manufacture. The reason for conducting a visual inspection (for example, as a routine inventory check, because complaints need to be investigated, or because storage conditions are poor) will be a factor in deciding how many to sample. A routine inventory usually involves collecting a smaller sample than does an inspection because of poor storage conditions or complaints.

## LABORATORY TESTING

Usually, the only laboratory testing performed for contraceptives is done by the manufacturer and takes place before the products are shipped. Most laboratory tests for contraceptive products require sophisticated equipment and can be expensive. If clients complain about products and a visual inspection does not identify the cause of the problem, laboratory tests may be requested by appropriate professional authorities, usually from the central level of the program.

## DOCUMENTING COMPLAINTS

Any time a client reports a problem with a contraceptive, the complaint should be taken seriously and recorded. Family planning service providers should let clients know their complaints are heard while also making sure the client understands how to use the method correctly and that the problem is not caused by improper use. Providers should keep a well-documented file of complaints about contraceptive products.

Examples of complaints include clients reporting side effects or describing problems with contraceptive use or effectiveness, staff noting the lack of information inserts that are supposed to accompany a product, or warehouse personnel saying they cannot identify the manufacturing or expiration dates. The purpose of documenting complaints is to find the cause of the problem and correct it. To accomplish this, clinic staff must not only document complaints but also report them up the chain of command so that regional or central administrators are aware of the problem and can compile information that will help them trace the cause and take corrective action.

Keep a record of the number of complaints and the details of the problem. Descriptions of the product will help to isolate the problem:

- Method
- Brand
- Manufacturing or expiration date (printed on individual contraceptive unit package)
- When and where it was dispensed to the client
- The lot number of the product, if possible (this lot number is generally printed on the outside carton, the inner box, and the unit package)
- Any circumstances that may be pertinent to identifying the extent and nature of the problem, such as unusual storage conditions

The lot number of the product is used to trace problem products. For example, suppose clinics report that clients have complained of condoms breaking during use. While documenting the brand and expiration date, program staff find that the problems are all with one brand. At this point, the clinics can continue to supply other brands to their clients while investigating the brand in question. If the defective condoms all turn out to have the same lot number, the program should not dispense from that lot of condoms while the lot is sampled and sent for testing (however, the program could dispense condoms of that brand from other lots). Results from the laboratory testing will determine whether that lot of condoms is safe to dispense or should be destroyed.

## PRODUCT DISPOSAL

Contraceptive products need to be destroyed when they reach their expiration date, are severely damaged, or testing shows they are not effective. Disposal should follow local regulations and, if the products were donated, donor regulations. Disposing of unsafe products ensures they cannot be mistakenly dispensed or recovered for use or resale. The most common methods of disposal are burning and burying, but laws protecting the environment may prohibit one of these options.

When disposing of products, record the following:

- Product name
- Quantity
- Date of manufacture or expiration
- Lot number
- Date of destruction
- Method of destruction
- Location of disposal
- Authorization
- Witnesses

## EVALUATING THE QUALITY OF SERVICES

How do family planning providers evaluate or measure improvements in the quality of their services? Table 27:1 shows some of the questions you can ask about your program to give you an idea of the quality of the services it provides and to establish a base for your evaluation. There are two primary ways of evaluating a program that offer good feedback and are reasonably time-efficient:

## *Observation*

Directly observe services being provided to examine the amount of contact between provider and user, check that specifications are followed, and examine the setting, equipment, and materials. Provide feedback to the staff on your observations, and ask them to make suggestions and discuss problems.

## *Client response*

You can conduct:

- *Exit interviews* with clients
- *Follow-up surveys* of family planning clients (from your own program and others)
- *Interviews* with a sample of women living in the service area
- *Focus group* discussions with clients
- *Analysis* of patient flow and use of provider time

Periodically *review* and *revise* the program's policies to make sure they are aimed toward understanding and meeting the clients' needs. Quality is not a one-time exercise but an ongoing concern and constant responsibility.

Respect for all people is the force behind improving the quality of family planning services. Every client visiting the program has a right to access, choice, safety, privacy, confidentiality, dignity, and comfort. In addition, the client has the right to information from the program and to express an opinion.

Table 27:1 Evaluating quality of services: Guidelines and practices

	Yes	No
<b>Availability of contraceptive methods</b>		
At least 4 contraceptive methods are offered	<input type="checkbox"/>	<input type="checkbox"/>
The clinic offers:		
Intrauterine devices (IUDs)	<input type="checkbox"/>	<input type="checkbox"/>
If No, is there a place to refer clients?	<input type="checkbox"/>	<input type="checkbox"/>
Female sterilization	<input type="checkbox"/>	<input type="checkbox"/>
If No, is there a place to refer clients?	<input type="checkbox"/>	<input type="checkbox"/>
Male sterilization	<input type="checkbox"/>	<input type="checkbox"/>
If No, is there a place to refer clients?	<input type="checkbox"/>	<input type="checkbox"/>
Injectables	<input type="checkbox"/>	<input type="checkbox"/>
If No, is there a place to refer clients?	<input type="checkbox"/>	<input type="checkbox"/>
Norplant	<input type="checkbox"/>	<input type="checkbox"/>
If No, is there a place to refer clients?	<input type="checkbox"/>	<input type="checkbox"/>
The referral system is effective (clients get the services they need)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Counseling</b>		
There are guidelines for providing information on contraceptive methods and helping the client select one	<input type="checkbox"/>	<input type="checkbox"/>
For each available contraceptive method, clients are informed about:		
How the method works	<input type="checkbox"/>	<input type="checkbox"/>
The side effects of the method	<input type="checkbox"/>	<input type="checkbox"/>
How the method is used	<input type="checkbox"/>	<input type="checkbox"/>
Possible danger signs of the method	<input type="checkbox"/>	<input type="checkbox"/>
Where to go for help	<input type="checkbox"/>	<input type="checkbox"/>
How to get additional supplies (if necessary)	<input type="checkbox"/>	<input type="checkbox"/>
There are good visual aids to explain each method	<input type="checkbox"/>	<input type="checkbox"/>
A checklist covers information the provider should discuss during a counseling session	<input type="checkbox"/>	<input type="checkbox"/>
Providers are trained in counseling skills or interpersonal relations	<input type="checkbox"/>	<input type="checkbox"/>
The clients have adequate privacy during counseling	<input type="checkbox"/>	<input type="checkbox"/>

**Table 27:1 Evaluating quality of services: Guidelines and practices  
(Continued)**

	<b>Yes</b>	<b>No</b>
<b>Clinical services</b>		
There are written clinical guidelines for providing each method	<input type="checkbox"/>	<input type="checkbox"/>
The clinical guidelines are strictly followed	<input type="checkbox"/>	<input type="checkbox"/>
The clients have adequate privacy during the examination	<input type="checkbox"/>	<input type="checkbox"/>
Infection control procedures are followed	<input type="checkbox"/>	<input type="checkbox"/>
Providers are adequately trained	<input type="checkbox"/>	<input type="checkbox"/>
If health problems result, the providers are able to treat them	<input type="checkbox"/>	<input type="checkbox"/>
If No, is there a place to refer clients?	<input type="checkbox"/>	<input type="checkbox"/>
New staff are trained in the clinic's guidelines and procedures	<input type="checkbox"/>	<input type="checkbox"/>
Periodic staff refresher training is provided	<input type="checkbox"/>	<input type="checkbox"/>
The following items are available for all service providers:		
Sterilizing equipment	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure equipment	<input type="checkbox"/>	<input type="checkbox"/>
Specula	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lighting	<input type="checkbox"/>	<input type="checkbox"/>
All necessary equipment is available and working	<input type="checkbox"/>	<input type="checkbox"/>
The equipment is sterile when necessary	<input type="checkbox"/>	<input type="checkbox"/>
The equipment is easy to find	<input type="checkbox"/>	<input type="checkbox"/>
The clinic or staff can handle HIV, other STIs, and reproductive tract infections:		
Diagnosis or identification	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Referral	<input type="checkbox"/>	<input type="checkbox"/>

Table 27:1 Evaluating quality of services: Guidelines and practices  
(Continued)

	Yes	No
<b>Staff responsibilities and attitudes</b>		
The providers are motivated to provide high-quality services	<input type="checkbox"/>	<input type="checkbox"/>
The providers are supportive, respectful, and helpful during their interactions with clients	<input type="checkbox"/>	<input type="checkbox"/>
The providers are able to get all their work done within their allotted work hours	<input type="checkbox"/>	<input type="checkbox"/>
The providers know all of the tasks required of them	<input type="checkbox"/>	<input type="checkbox"/>
The providers all have job descriptions	<input type="checkbox"/>	<input type="checkbox"/>
All staff members are properly supervised	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contraceptive supplies</b>		
Shortages and stockouts of contraceptives are rare	<input type="checkbox"/>	<input type="checkbox"/>
Clients never discontinue contraceptive use because of supply shortages	<input type="checkbox"/>	<input type="checkbox"/>
The same brands and doses are always available (there may be additions but not substitutions)	<input type="checkbox"/>	<input type="checkbox"/>
What do you do if you cannot provide the client with the method she or he wants? _____		
What percentage of your clients discontinue using any method at all? _____		
Possible future changes in demand for contraceptives are taken into consideration when estimates of future need are made	<input type="checkbox"/>	<input type="checkbox"/>
The contraceptives are stored under good conditions	<input type="checkbox"/>	<input type="checkbox"/>
Periodic visual inspections are conducted of the contraceptives to check for signs of damage or deterioration and for expiration dates	<input type="checkbox"/>	<input type="checkbox"/>
Complaints about the quality of the contraceptives are documented	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client information</b>		
Adequate information is kept on all of the clients	<input type="checkbox"/>	<input type="checkbox"/>
Client files are easy to find and use	<input type="checkbox"/>	<input type="checkbox"/>
Clients are followed up if they do not return when their method has run out or they have missed an appointment	<input type="checkbox"/>	<input type="checkbox"/>



**Table 27:1 Evaluating quality of services: Guidelines and practices  
(Continued)**

	<b>Yes</b>	<b>No</b>
<b>Access to services</b>		
The clinic is open at hours convenient to the clients	<input type="checkbox"/>	<input type="checkbox"/>
The clinic is easy for the clients to get to	<input type="checkbox"/>	<input type="checkbox"/>
The clients are not discouraged by the clinic's location	<input type="checkbox"/>	<input type="checkbox"/>
The clinic facilities are clean and pleasant	<input type="checkbox"/>	<input type="checkbox"/>
Appointments are taken in order	<input type="checkbox"/>	<input type="checkbox"/>
The water supply is adequate	<input type="checkbox"/>	<input type="checkbox"/>
The program makes home visits	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client Feedback</b>		
There are mechanisms for getting feedback and suggestions from the clients regarding the quality of services	<input type="checkbox"/>	<input type="checkbox"/>
The client's perspective is a consideration when changes are made in the clinic's services or policies	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluating Quality of Services: The Client's Perspective</b> [These questions to be answered by the clients]		
It was easy to find out where to get family planning services	<input type="checkbox"/>	<input type="checkbox"/>
The family planning facility was easy to find	<input type="checkbox"/>	<input type="checkbox"/>
I came to this site because: _____		
The clinic's hours of operation are convenient for me	<input type="checkbox"/>	<input type="checkbox"/>
If No, a convenient time for me is: _____		
The family planning provider was easy to talk with	<input type="checkbox"/>	<input type="checkbox"/>
The provider answered all questions and encouraged questions	<input type="checkbox"/>	<input type="checkbox"/>
I was able to get all the information I needed to make a decision about what method to use	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect by the people at the clinic	<input type="checkbox"/>	<input type="checkbox"/>
I did not feel rushed and I felt that the provider had enough time to address my concerns	<input type="checkbox"/>	<input type="checkbox"/>
The facilities are pleasant	<input type="checkbox"/>	<input type="checkbox"/>
There was enough seating in the waiting area	<input type="checkbox"/>	<input type="checkbox"/>
The wait was not too long	<input type="checkbox"/>	<input type="checkbox"/>
I was treated courteously at all times	<input type="checkbox"/>	<input type="checkbox"/>

Table 27:1 Evaluating quality of services: Guidelines and practices  
(Continued)

	Yes	No
<b>Evaluating Quality of Services: The Client's Perspective (Continued)</b>		
The providers seemed to be knowledgeable about what they were doing	<input type="checkbox"/>	<input type="checkbox"/>
The providers answered my questions satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>
I had enough privacy during the counseling	<input type="checkbox"/>	<input type="checkbox"/>
I had enough privacy during the exam	<input type="checkbox"/>	<input type="checkbox"/>
I was able to get the contraceptive method I wanted	<input type="checkbox"/>	<input type="checkbox"/>
If Not, I was satisfied with the reason I could not get it	<input type="checkbox"/>	<input type="checkbox"/>
I was given an alternate method	<input type="checkbox"/>	<input type="checkbox"/>
The contraceptive method I want is affordable	<input type="checkbox"/>	<input type="checkbox"/>
I would be comfortable returning to this facility	<input type="checkbox"/>	<input type="checkbox"/>
I would be comfortable returning to the providers	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this facility to others	<input type="checkbox"/>	<input type="checkbox"/>
The other services I would like to see offered at this site are:		
<hr/>		
Other comments I have:		
<hr/>		
<hr/>		

Source: Katz et al. (1993)

## REFERENCES

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